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PATENT

Attorney Docket No.: 040230-000100US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On October 13, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Heidi L. McNeill

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Michele M. Helwig

Application No.: 10/075,530

Filed: February 13, 2002

For: ANIMAL SOOTHING SYSTEM  
AND HEARTBEAT SIMULATION  
DEVICE

Customer No.: 20350

Confirmation No. 8977

Examiner: Swiatek, Robert P.

Technology Center/Art Unit: 3643

RESPONSE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 13, 2004, please enter the following remarks:



PTO/SB/21 (04-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/075,530
	Filing Date	February 13, 2002
	First Named Inventor	Helwig, Michele M.
	Art Unit	3643
	Examiner Name	Swiatek, Robert P.
Total Number of Pages in This Submission	Attorney Docket Number	040230-000100US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Townsend and Townsend and Crew LLP Melissa A. Haapala Reg. No. 47,622	
Signature	<i>Melissa A. Haapala</i>	
Date	October 13, 2004	

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Typed or printed name	Nina L. McNeill		
Signature	<i>Nina L. McNeill</i>	Date	October 13, 2004